Government of the District of Columbia			nployer Withholdi Inciliation and Re						
Taxpayer Identification Number	Fill in if FEIN	Account	Number (provided by OTR)		0 8 9	D 0 (	DEFICIAL USE	O O E ONLY	0 0
Business name					Due Date 1/31/20	009			
Mailing address line 1					come tax withheld ear per W-2s		DOLLA	RS ONLY	,
Mailing address line 2				paid t Forms	withholding tax to DC this year on to FR-900M				
City		State	Zip Code + 4		ional Tax Due 1 is more than Line 2)  ayment				

2008 FR-900B P1

Mail this form separately from your monthly return. It is due January 31, 2009 or within thirty (30) days of your final payroll. If you have 50 or fewer Forms W-2, attach them to this form.

(if Line 1 is less than Line 2)

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## FR-900B Page 2

Taxpayer name



## FEIN

LIIV				
PLEASE SIGN HERE	Under penalties of law, I declare that, to the best of my kr the information available to the preparer.	nowledge, this return is correct. Decl	aration of paid preparer is based on	
ПЕКЕ	Taxpayer's signature	Title	Date	
PAID PREPARER ONLY	Preparer's signature (if other than taxpayer)  Firm name		Date	Telephone number of person to contact  Preparer's FEIN, SSN or PTIN
	Firm address			

Make check or money order payable to the DC Treasurer. Include your FEIN/SSN, "FR-900B" and tax year on your payment. Mail return and payment to: Office of Tax and Revenue, 941 North Capitol St NE, FI 6, Washington DC 20002-4265.

## FR-900B PAGE 3 Reconciliation and Report Attach to and mail with pages 1 and 2

Taxpayer name



## FEIN/SSN

	Date Paid	Tax Paid	Explanation	
			P · · · · ·	
1				
2				
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